

KENTUCKY BOARD OF VETERINARY EXAMINERS
P.O. Box 1360
Frankfort, Kentucky 40602

Licensed Veterinarian Biennial Renewal Form

Name:

SSN:

Address:

State, Zip Code:

License No.:

☐ Check here if address or name has changed from above.

KRS 321.211 requires each licensed veterinarian to renew his or her license by September 30 of each even-numbered year. Your current license will expire **September 30, 2004**. Failure to renew your license shall constitute sufficient cause for termination of licensure. Licenses not renewed by **November 30, 2004** (completed renewal form and information received postmarked prior to Nov. 30, includes 60 day grace period) will terminate and you are hereby advised at such time you must CEASE AND DESIST the practice of veterinary medicine in Kentucky.

FOLLOW THESE INSTRUCTIONS AND FILL IN ALL BLANKS:

- ☐ Complete this form by filling in the information requested below and on the backside. Incomplete forms will be returned.
- ☐ Attach appropriate renewal fee: Forms received without the correct fee will be returned. (Inactive status requires the same fee.) *All checks must be made payable to the Kentucky State Treasurer.*
 - ☐ Renewals mailed on or before Sept. 30; (must be postmarked on or before Sept. 30 -no exceptions) - \$100.00
 - ☐ Renewals mailed October 1 through Nov. 30; (must be postmarked on or before Nov. 30 -no exceptions) - \$200.00
- ☐ Complete the backside of this renewal application for CE credit (including complete dates and hours earned). We cannot accept hours that have not yet been obtained. You must wait and file your renewal documentation after all requirements are met. Each veterinarian shall be responsible for securing necessary documentation to support proof of attendance. **DO NOT** attach documentation of CE unless you are audited. If you are audited you must attach proper documentation.
- ☐ Return this form and fee to the address listed above on or before September 30. Any form, which is returned due to incomplete or incorrect information, will be subject to late penalties if not returned by the deadlines stated above.

TO BE COMPLETED BY ALL LICENSED VETERINARIANS, (Please Print):

Name: _____ Social Security #: _____

Address: _____
Street or Box Number City State Zip

Name of Practice: _____ License Number: _____

Home Phone Number: _____ Office Phone Number: _____

Have you been charged with, convicted of or pled guilty to a felony since the last renewal of your Kentucky license?

- ☐ Yes (Attach documentation)
- ☐ No

Have you had disciplinary action taken against you or pending against your veterinary practice/license in any other state or jurisdiction since the last renewal of your Kentucky license?

- ☐ Yes (Attach documentation)
- ☐ No

(Reverse side must be completed)

201 KAR 16:050, Section 1 states : (a) Each veterinarian licensed by this board shall be required to biennially complete thirty (30) hours of continuing education to be eligible for renewal of their license. (b) Of the required hours, at least twenty (20) shall be directly related to the practice of veterinary medicine and no more than ten (10) hours may be in related areas such as practice management. (c) A veterinarian may acquire no more than four (4) hours of continuing education in each renewal period by the completion of audio or video recordings, electronic, computer or interactive materials or programs on scientific subjects prepared or approved by any of the organizations identified in Section 2(1) and (2) of this regulation.

List below the hours of continuing education obtained, **INCLUDING COMPLETE DATE AND HOURS OBTAINED. Incomplete forms will be returned: (DO NOT attach documentation unless you are audited.** It is your responsibility to maintain all documentation)

COURSE NAME	DATES ATTENDED MONTH/DAY/YEAR	HOURS EARNED

**Proof of internships or residency programs must be attached.*

- ✍ Total CE hours earned during October 1, 2003 to September 30, 2004 = _____.
- ✍ Total CE hours earned during current grace period from October 1, 2004 to November 30, 2004 = _____.

Please mark the appropriate box:

- ✍ Currently on an active Status. (Renewal fee required/Continuing Education required)
- ✍ Requesting to return from an inactive status to an active status. Continuing Education is listed above.
- ✍ First year graduate. (Continuing Education not required.) Date of graduation: _____
- ✍ Currently on or requesting an Inactive Status. (Same renewal fee required/Continuing Education not required)
- ✍ Requesting Termination. (Renewal fee not required/Continuing Education not required)

I hereby swear or affirm under the penalties of perjury, that the statements made in this application are true and complete (Signature required for processing. Forms not signed will be returned and subject to late penalties if not returned by the deadlines stated.)

Signature:

Date:

THIS RENEWAL FORM IS THE ONLY NOTICE YOU WILL RECEIVE CONCERNING RENEWAL

ON-LINE PAYMENT OF YOUR RENEWAL FEE IS AVAILABLE

If you have a MasterCard or VisaCard and are interested in paying your renewal fee electronically, please follow the instructions listed on the Kentucky Board of

Veterinary Examiners web site:

<http://occupations.ky.gov>